

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/586,150	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2	1		1			
3		2		1		
4		2		1		
5		2		1		
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
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50						
TOTAL IND.			3			
TOTAL DEP.			12			
TOTAL CLAIMS	1		15			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	1					